Category: LDR.3 Leadership

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Area LDR.3.1 Organizational Management

Introduction This section contains all elements related to organizational management and oversight.

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Element LDR.3.1.1

Executive Management

Evaluation Criteria

- The Executive Management Committee (EMC):
  - -- Established the strategic direction for the unit
  - -- Determined resource requirements, staffing, and training
  - -- Functioned as the Medical Readiness Staff Function
  - -- Ensured medical support was adequate to meet mission requirements
  - -- Provided oversight for all subordinate functions/activities to include assigned squadron medical elements/geographically separated units (GSUs), independent duty medical technicians, on-the-job training and GSU support agreements
  - -- Followed through to completion "action" or "open" items in EMC minutes
  - -- Employed a systematic process to improve the unit's performance
    - --- Unit's self-inspection program was aggressively managed with strict adherence to assessment deadlines and prompt resolution of open items
- EMC identified and implemented methods for selecting unit members for advancement, leadership roles and recognition
- Medical unit personnel demonstrated compliance with military standards such as courtesy, dress, bearing and behavior
  - -- Unit leaders monitored misconduct within the organization and developed programs to decrease/manage misconduct
- Chief of Clinical Services was a privileged physician and the principal executive staff advisor on matters pertaining to quality and scope of clinical services, medical policy and planning, and the credentialing and privileging process
- Chief of Aerospace Services was a flight surgeon and executed all aerospace medicine activities with an integrated team approach using the Aeromedical Council or similar forum to ensure coordination and follow through
- Chief of Dental Services provided oversight for the implementation of programs to prevent dental disease and ensure maximum worldwide deployability of personnel
- Health Services Administrator planned and organized activities associated with peacetime and wartime health services administration such as manpower, logistics, information systems and medical records
- Chief Nurse provided effective oversight and utilization of nursing personnel

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- Executive leadership was not fully engaged in setting the unit's strategic direction
- EMC provided inadequate oversight of subordinate functions or programs

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:

- Little evidence of unit commander leadership or executive team oversight in unit activities
- Ineffective functional area leadership (SGH, SGN, SGP, SGA, SGD) negatively impacted the unit's overall performance

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

Protocol

P-3 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component team chief.

Reference(s)

- AFMAN 36-2105, Officer Classification, 30 Apr 03
- AFI 41-120, Medical Resource Operations, 18 Oct 01
- AFI 44-119, Clinical Performance Improvement, 4 Jun 01

Element LDR.3.1.2

Self-Inspection Program

Evaluation Criteria

- The unit had developed and adhered to a unit instruction, which described the entire self-inspection process including:
  - -- A system for tracking and follow-up of open items
  - -- A mechanism to identify open items resulting from self-inspections, HSIs or MAJCOM Staff Assistance Visits (SAVs)
  - -- Guidance for developing checklists from current HSI Guide, TIG Brief articles, analysis of HSI trends from the AF Inspection Agency website, SAV reports, previous HSI reports and other locally developed items
  - -- A mechanism that ensured each new section chief conducted a formal inspection of his or her duty section within two months of arrival
  - -- A requirement for functional supervisors to review and update local checklists
- The self-inspection program manager consolidated and monitored all discrepancies/open items and periodically briefed their status to the Executive Management Committee

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- Inconsistent tracking or minimal oversight of open items

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:

- The self-inspection program was minimally functional or recently established or resurrected; inconsistent follow-up of a significant number of open items was evident

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur. Examples include, but are not limited to:

- No viable self-inspection program was established; organizational discrepancies remained unresolved and placed the unit at significant risk for degraded operations and findings (or repeat findings) through various assessment processes

NA: Not scored.

Protocol

P-18 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

Reference(s)

- AFRCI 90-201, The Inspection System, 17 Mar 03
- HQ USAF/SGM policy memorandum, Self-Inspection Program, 18 Jan 02
- HQ AFRC/CC policy memorandum, Air Force Reserve Command Self-Inspection Policy, 8 Feb 02

Element LDR.3.1.3

Support Agreements/Training Affiliation Agreements (TAA)

Evaluation Criteria

- Training Affiliation Agreements (TAA)/Memoranda of Understanding (MOU) for training between medical organizations were prepared and processed IAW AFI 41-108 (ANG) and AFRCI 41-101 (AFRC)
  - -- The TAA/MOU was current and clearly outlined medical organization responsibilities
    - --- The TAA/MOU was dated and signed by the organization commander(s) or equivalent
    - --- The appropriate approval process was IAW governing directives (staff judge advocate, area medical law consultant, group/wing, Air Staff)
    - --- A description of the facilities entering into the agreement was included along with complete addresses
    - --- Liability requirements and responsibilities of the affiliating civilian institution were addressed
    - --- Roles and scope of practice were defined for each participant
    - --- TAAs/MOUs were reviewed for appropriateness and currency periodically (not less than every 3 yrs for ANG and 2 yrs for AFRES)
    - --- Renewal procedures, including formal review of the TAA by concerned parties, was completed at least 60 days prior to the termination date (AFRC)
- Support agreements and/or MOUs/MOAs establishing supplier/receiver relationships between ARC and AD wings or organizations:
  - -- Were drafted to ensure clear identification of all support requirements
  - -- Were drafted to ensure AFRES and ANG receive the same level of support as other tenant units on the installation including base-level support services, annual tours, unit training assemblies, peacetime training in all areas and weekend operations
  - -- Were revised with non-substantive changes (if necessary) via mutual agreement, using minor pen and ink changes
  - -- Were reviewed in their entirety every 3 years and approved per the original

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:

- TAAs/support agreements required minor revision to maximize effectiveness, but were otherwise functional

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- Agreements had surpassed their termination date, but no review and approval had occurred and no MAJCOM deferment existed
- Support agreements were in place, but did not clearly identify all support requirements, resulting in moderate shortfalls in training, supplies or services support

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:

- TAAs/support agreements existed, but critical provisions weren't identified or adhered to and inadequate action had been taken to elevate or resolve the situation; severe shortfalls in areas of training, supplies or services support occurred as a direct result

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur. Examples include, but are not limited to:

- Lack of necessary support agreements severely hindered the ARC unit's ability to obtain crucial training, supplies or services
- Tort liability had not been established for TAAs, thereby placing the government potentially at risk

NA**:** Not scored.

Protocol

There is no protocol for this element. TAAs and support agreements are typically evaluated without requiring an interview. Consultation will occur, as necessary.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

Reference(s)

- AFI 25-201, Support Agreements Procedures, 1 Dec 96
- AFI 41-108, Training Affiliation Agreement Program, 25 Jul 94, with Interim Change
- AFRCI 41-101, Training Affiliation Agreements, 9 Jan 98
- AFRCI 41-102, Air Force Reserve Medical Services AFSC Sustainment Program

Element LDR.3.1.4

Professional Medical Services Contracts/Blanket Purchase Agreement (BPA) Oversight

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Evaluation Criteria

- Quality assurance evaluators (QAE), if required, were appointed and trained
- Quality assurance surveillance plans (QASP) for professional medical non-personal service contracts over $100,000 were developed and monitored
- Contract documentation was maintained, as required:
  -- Documentation existed indicating coordination with, and oversight by, the unit's credentials program manager
  -- Examples include copy of the contract and all modifications, receiving reports and, if applicable, QAE appointment letter(s) and training
- BPAs, which do not require QASPs, had current, approved price lists (if pre-priced) and receiving reports prior to payment being made
- Processes were in place to address issues or incidents involving contract healthcare providers

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- Inefficient processes hindered administrative oversight of professional service contracts and/or BPAs

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:

- Processes to oversee contracts and evaluate adequacy of contractor performance were deficient; likelihood of accepting nonconforming contract services was high

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur. Examples include, but are not limited to:

- Noncompliance with multiple evaluation criteria
- Contract oversight requirements were not met
- Inadequate or inappropriate provider performance was not addressed

NA: Not scored.

Protocol

P-17 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

Reference(s)

- AFMAN 23-110, Air Force Medical Materiel Management System, Chapter 16, 1 Jan 02
- AFI 41-209, Medical Logistics Support, 27 Nov 00
- AFI 44-102, Community Health Management, 17 Nov 99
- AFI 44-119, Clinical Performance Improvement, 4 Jun 01
- AFI 63-124, Performance Based Service Contracts, 1 Apr 99 (not applicable to ANG)

Element LDR.3.1.5 (formerly LDR.3.2.1)

Administration of the On-the-Job Training (OJT) Program

Evaluation Criteria

The unit commander:

- Appointed in writing an additional duty unit training manager (UTM) for units without a 3S2X1 assigned
- Ensured trainers/certifiers completed the Air Force Training Course

The UTM:

- Interviewed newly assigned personnel within 60 days to determine training status and career development course (CDC) progression
- Conducted comprehensive orientation for trainees initially entering upgrade training within 90 days of assignment, covering the concept, scope and objectives of the Air Force training program
- Conducted an assessment of the unit training programs NLT 180 days after the base staff assistance visit (SAV), not to exceed 24 months between unit SAVs
- Submitted a written report within 30 days of completion to the unit commander and base training office
- Conducted unit training meetings at least quarterly
  - -- Prepared an agenda and meeting minutes, distributed to work centers, unit commander and base training office
  - -- Minutes provided in-depth description of items discussed to include any items requiring further action
- Attended base training meetings
- Used training status codes to manage skill-level upgrade
  - -- Coordinated changes with supervisor, commander and base training office
- Managed the OJT Roster
  - -- Annotated status of each trainee to include task and CDC completion
  - -- Ensured unit commander signed the OJT roster
  - -- Maintained previous copies of the roster for three months
- Managed the unit CDC program
  - -- Briefed supervisors and trainees on responsibilities
  - -- Ensured a process was established to track CDC volume completion
  - -- Ensured appropriate follow-up was conducted for course exam failures
- Conducted informal work center visits and maintained memorandums for record until the unit SAV was completed
- Briefed the unit commander monthly on status of the unit's OJT program, as described in AFI 36-2201, Volume 3, AF Training Program OJT Administration, paragraph 5.2.20

Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

Protocol

P-31 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component enlisted medical inspector.

Reference(s)

- AFI 36-2201, Volume 3, Air Force Training Program On the Job Training Administration, 30 Sep 02
- CFETP (AFSC specific)

Element LDR.3.1.6 (formerly LDR.3.2.4)

Demand Reduction Program—Drug Testing

Evaluation Criteria

- Medical unit commander appointed a demand reduction program manager, a drug testing program administrative manager and a medical review officer
- The Cross-Functional Oversight Committee (CFOC):
  - -- Met at least annually
  - -- Was chaired by the wing commander or his/her designee
  - -- Membership included (but was not limited to) representatives from First Sergeants Council, ADAPT Program Manager, a squadron commander, Demand Reduction Program Manager (DRPM), Staff Judge Advocate (SJA), Security Forces and Office of Special Investigations
- Unit commanders appointed credible observers who are commissioned officers or NCOs (SrA observers only with concurrence of the servicing Staff Judge Advocate)
  - -- DRPM provided periodic observer training and documented that observers were briefed prior to each testing day
- All AF members were subject to random urinalysis testing and were equally eligible for testing on each testing day
  - -- When members were unavailable for testing, they were tracked and tested during the next drug testing period
  - -- Mobilized members were not available or tracked for testing until they were deactivated and returned to home unit
    - --- Active duty gaining MAJCOM was responsible for testing of individuals until deactivation and members' return to home unit
- SJA performed/documented annual assessment of the drug testing program
- The untestable specimen rates were less than one percent
  - -- When the untestable rate exceeded one percent, an action plan was developed that identified specific steps to reduce the untestable rate and a timetable for resolution
  - -- Members whose specimens were determined to be untestable were retested
- If USAF testing software was not used, the DRPM showed written exemption from AFMOA/SGZF
- Selection of members for testing was accomplished no earlier than one day prior to testing
  - -- Units generating selection rosters (and other relevant documents) in advance of the testing date ensured they were placed in a secure storage area with limited access
- Trusted agents were not notified of members selected until the day of testing
- Members selected for testing reported within two hours of notification
  - -- Members not reporting within two hours were tracked and reported to the member's commander

- Drug testing was conducted randomly
- Units were tested frequently enough to ensure an annual wing testing rate of 25% (AFRC) or 30% (ANG)
- Geographically separated unit (GSU) collections were accomplished

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to one of the following:

- Cross-functional oversight committee was not established
- No SJA oversight
- Untestable rate greater than one percent
- Did not meet annual wing testing quota

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to two or more of the following:

- Cross-functional oversight committee was not established
- No SJA oversight
- Untestable rate greater than one percent
- Did not meet annual wing testing quota
- Inadequate training for trusted agents/observers
- GSU collections had not been accomplished

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol

P-8 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component nurse inspector.

Reference(s)

- AFI 44-120, Drug Abuse Testing Program, 1 Jul 00
- AFI 44-159, Demand Reduction Program, 1 Aug 00
- ANGB memorandum, 14 Aug 01, (All States Log Number P01-0047), Air National Guard (ANG) Substance Abuse Program

Element LDR.3.1.7 (formerly IGO.2.3.10)

Customer Satisfaction/Patient Sensitivity

Evaluation Criteria

- A mechanism existed to gain customer feedback for the purpose of improving organizational performance
- Opportunities for customer satisfaction improvements were recognized and implemented
- Unit members were knowledgeable of their roles and responsibilities in promoting an environment of courtesy and sensitivity within the unit
- All medical activities were conducted with respect to the patient's dignity, privacy and confidentiality
- Procedures for use of chaperones were in place and consistently observed

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

Protocol

P-9 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component nurse inspector.

Reference(s)

- AFI 44-102, Community Health Management, 17 Nov 99, Section 1X
- HQ USAF/SG memorandum, Implementation of Air Force Medical Service (AFMS) Customer Service Basics, 5 Feb 99